

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1470 Office of Registrar of Vital Statistics.

Ward 16^e

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Pearl Robinson

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 3 Years, 3 Months, — Days.

Color, African

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balto

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, { Give Street and Number. }

321 Dawson St.

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum
due to

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, July 19th 1887

{ Undertaker, Alex Hensley }

J. R. Pennington M. D.

Medical Attendant.

{ Place of Business, 561 Orchard Address, 406 Melberry St }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 147 Office of Registrar of Vital Statistics.

Ward 20²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18, 1887

Full Name of Deceased, Alex Hutchins
Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 53 Years, _____ Months, _____ Days.

Color, ed

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 701 George St. Al
{ Give Street and Number. }

Cause of Death, Phthisis
Asthemia
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, July 20th 1887

{ Undertaker, Alex Hutchins M. D.

{ Place of Business, 561 Archard St Address, 938 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 1472 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter Henry Bailey

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 8 Years, 8 Months, 12 Days

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Maryland

Duration of Residence in the City of Baltimore, 8 months

Place of Death, { Give Street and Number. } 1828 Etting St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, None

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, July 17th 1887

George B. Simon M. D. Medical Attendant.

Undertaker, Alex. Hemmley

Place of Business, 561 Orchard St Address, 1434 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1473 Office of Registrar of Vital Statistics.

Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within 24 hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Gustiani Sondikens

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months, Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single ✓

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, { Give Street and Number. } # 1227 N. Gilman St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum.
Exhaustion.

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, July 19, 1887

Undertaker, Martin Fahy Wm. Kicker M. D. Medical Attendant.

Place of Business, 606 W. Townsend Address.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the Instructions on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1474 Office of Registrar of Vital Statistics.

Ward 62

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 18, 1887

Full Name of Deceased, John H Brown
Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, Male
Cross out the word not required in this line.

Age, 53 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, Married
Cross out the words not required in this line.

Occupation, Brick Maker

Birth Place, Maryland
State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 28 years

Place of Death, 2106 McElderry Street
Give Street and Number.

Cause of Death, Cholera Morbus
First (Primary),
Second (Immediate).

Duration of Last Sickness, 23 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 18th

Undertaker, A. R. Bandell

Place of Business, 950 N Gay St

James E. Linnelle M. D.
Medical Attendant.

Address, 1707 E. Bath. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1475 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within two ~~four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edmund Von Birstein

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, Days.

Color, white

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bath

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 74 N. Eden St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cemetery

Date of Burial, 19th July 1887

{ Undertaker, Henry Hofmann J. J. Groff M. D.

{ Place of Business, 211 N. Eden St Address, 1435 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1476 Office of Registrar of Vital Statistics.

Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin H. Eumick
Sex, Male ~~or Female~~, {Cross out the word not required in this line.}
Age, 41 Years, 8 Months, 10 Days.
Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ☒
Occupation, Shoe builder
Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore, 21 yrs
Place of Death, {Give Street and Number.} 1707 Preston St
Cause of Death, {First (Primary), Inflammation of bowels
Second (Immediate), Collapse}
Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.
Place of Burial, Mount Olivet
Date of Burial, July 20th
{Undertaker, John E. Hough} Chas E. Sadler M. D.
{Place of Business, 1418 Penna. Ave} Address, 2100 Mount Hill Ave
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 1477

Office of Registrar of Vital Statistics.

Ward

62

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death,

July 17 - 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Albert Northern

Sex, Male or ~~Female~~,

Cross out the word not required in this line.

Male

Age,

Years,

5

Months,

Days.

Color,

Black

Married, Single, Widow or Widower,

Cross out the words not required in this line.

✓

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give Street and Number.

509 N Dallas St

Cause of Death,

First (Primary),

Fevering

Second (Immediate),

Dianthora

Duration of Last Sickness,

3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cem

Date of Burial,

July 19 - 1887

Undertaker,

Wm Dungee

Place of Business,

Cal St

Address,

James A. Smith M. D.
Comm "Health & Registrar"

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

John E. Dunning Inspector

[OVER]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1478 Office of Registrar of Vital Statistics.

Ward 15^o

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Handy

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 6 Years, 6 Months, 0 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Life Guard

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } Welcome Alley

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp

Date of Burial, July 19 1887

Undertaker, B W Chase

Place of Business, 641 Howard Address, Southern Dispensary

J. P. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

1479

Office of Registrar of Vital Statistics.

Ward

20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 18th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents.

Mary E. Lowne

Sex, Male or Female,

{ Cross out the word not required in this line.

Age,

Years,

1

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line.

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth.

Balto

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number.

906 Waters Court

Cause of Death,

{ First (Primary),

{ Second (Immediate),

Cholera Infantum

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial,

Chap St. Cent

Date of Burial,

July 19/87

Undertaker,

A. Hensley

Place of Business,

Address,

Chap St. Cent

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, age and condition (whether married or single) of the person deceased, and the cause and date of death.

W. H. Roberts Inspector

[OVER.]